संख्या-28/2021/I/98702/2021/71-4039/1045/2021-4

प्रेषक,

आलोक कुमार,
प्रमुख सचिव,
उ0प्र0 शासन।

सेवा मे,

महानिदेशक,
चिकित्सा शिक्षा एवं प्रशिक्षण,
उ0प्र0 लखनऊ।

चिकित्सा शिक्षा अनुभाग-4 लखनऊ दिनांक 17 सितम्बर, 2021

विषयः- पब्लिक प्राइवेट पार्टनरशिप (पी0पी0पी0) के आधार पर उत्तर प्रदेश के 16 असेवित जनपदों में मेडिकल कालेजों के विकास की योजना हेतु निजी क्षेत्र की इकाई को वित्तीय और गैर-वित्तीय सहायता के संबंध में।

महोदय,

उपर्युक्त विषयक अपने पत्र संख्या-एमई-1/2021/5208 दिनांक 08.09.2021 का कृपया सन्दर्भ ग्रहण करने का कष्ट करें, जिसके द्वारा पब्लिक प्राइवेट पार्टनरशिप (पी0पी0पी0) के आधार पर उत्तर प्रदेश के 16 असेवित जनपदों में मेडिकल कालेजों के विकास की योजना हेतु निजी क्षेत्र की इकाई को वित्तीय और गैर-वित्तीय सहायता के संबंध में तैयार की गयी ड्राफ्ट पॉलिसी पर अनुमोदन प्रदान किये जाने हेतु उपलब्ध करायी गयी है।

2- इस संबंध में मुझे यह कहने का निदेश हुआ है कि पब्लिक प्राइवेट पार्टनरशिप (पी0पी0पी0) के आधार पर उत्तर प्रदेश के 16 असेवित जनपदों यथा- बागपत, बलिया, भदोही, चित्रकूट, हमीरपुर, हाथरस, कासगंज, महराजगंज, महोबा, मैनपुरी, मऊ, रामपुर, सम्भल, सन्तकबीरनगर, शामली एवं श्रावस्ती में मेडिकल कालेजों के विकास की योजना हेतु निजी क्षेत्र की इकाई को वित्तीय और गैर-वित्तीय सहायता संबंधी संलग्न नीति पर सम्यक् विचारोपरान्त इसे अनुमोदित करते हुए इसके परिप्रेक्ष्य में निम्नानुसार कार्यवाही किये जाने की श्री राज्यपाल महोदय सहर्ष स्वीकृति प्रदान करते हैं:-

1- <u>मेडिकल कालेज और चिकित्सालय के विकास के लिए निजी क्षेत्र के निवेश के मॉडलः-</u>

प्रदेश के 16 असेवित जनपदों में निजी क्षेत्र को शामिल करते हुए पब्लिक प्राईवेट पार्टनरशिप (पी0पी0पी0) मॉडल पर विकसित करने के विजन को लागू करने के लिए दो दृष्टिकोण लाये गये:-

<u>मॉडल-1:-</u> निवेश नीति मार्ग (उत्तर प्रदेश के 16 असेवित जनपदों में मेडिकल कालेज के विकास के लिए निजी क्षेत्र की इकाई को वित्तीय एवं गैर वित्तीय सहायता के लिए योजना) मोड-ए ,बी एवं सी।

- मोड ए- <u>निजी अस्पताल और निजी भूमि</u>
- <u>मोड बी- निजी क्षेत्र का अस्पताल जहॉ सरकार द्वारा मेडिकल कालेज की स्थापना हेतु भूमि उपलब्ध करायी जायेगी।</u>
- <u>मोड सी- जहां जिला अस्पताल, निजी क्षेत्र को पट्टे पर दिया जा सकता है और निजी क्षेत्र मेडिकल कॉलेज के लिए जमीन उपलब्ध करायेगा।</u>

<u>मॉडल-2:-</u> भारत सरकार की वायबिलिटी गैप फण्डिंग (वी0जी0एफ0) योजना के अन्तर्गत सुविधाएं देकर।

प्रश्नगत परियोजना के संबंध में इन्फ्रास्ट्रक्चर पी0पी0पी0 प्रोजेक्टस हेतु वायबिलिटी गैप फन्डिग स्कीम 2020 के लिए वित्तीय सहायता, भारत सरकार द्वारा निर्गत दिशा-निर्देशों के अनुरूप कार्यवाही सुनिश्चित की जायेगी।

भारत सरकार द्वारा निर्गत दिशा-निर्देशों में 02 सब स्कीम (सब स्कीम-1 व सब स्कीम-2) का प्रावधान है। सब स्कीम-1 के अन्तर्गत निजी क्षेत्रों को भारत सरकार द्वारा 30 प्रतिशत कैपिटल ग्रान्ट अनुमन्य है। राज्य सरकार के द्वारा भी 30 प्रतिशत तक अतिरिक्त कैपिटल ग्रान्ट अनुमन्य किये जा सकने का प्रावधान है।

सब स्कीम-2, शिक्षा एवं स्वास्थ्य के डिमान्स्ट्रेशन/पाइलेट प्रोजेक्ट के लिए उपयुक्त है। इसके अन्तर्गत निजी क्षेत्र को भारत सरकार द्वारा 40 प्रतिशत कैपिटल ग्रान्ट एवं 25

प्रतिशत आपरेशनल ग्रान्ट 05 वर्षों (आपरेशनल ग्रान्ट प्रोजेक्ट के कामर्शियल आपरेशन की तिथि से 05 वर्षों तक) तक अनुमन्य है। राज्य सरकार के द्वारा भी 40 प्रतिशत तक अतिरिक्त कैपिटल ग्रान्ट एवं 25 प्रतिशतआपरेशनल ग्रान्ट 05 वर्षों (आपरेशनल ग्रान्ट प्रोजेक्ट के कामर्शियल आपरेशन की तिथि से 05 वर्षों तक) तक अनुमन्य किये जा सकने का प्रावधान है।

2- यह प्रस्तावित ड्राफ्ट (पॉलिसी) निजी क्षेत्र की भागीदारी के लिए निवेश नीति मार्ग का विवरण देता है। सरकार इस नीति के अनुरूप निजी क्षेत्र को मेडिकल कालेज स्थापित करने तथा चिकित्सालय सुविधाएं संचालित करने के लिए इस तरह के वित्तीय और गैर वित्तीय प्रोत्साहन एवं अन्य सहायता प्रदान करेगी ताकि निजी क्षेत्र को मेडिकल कालेज स्थापित करने के लिए प्रोत्साहित किया जा सके और इस नीति के अनुसार अस्पताल सुविधाएं संचालित की जा सके। पॉलिसी के अधिसूचित होने के बाद महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण योजना के क्रियान्वयन के लिए जिम्मेदार होगें।

3- उपर्युक्त मॉडल-1 के अन्तर्गत उल्लिखित मोड ए, बी एवं सी का विवरण निम्नवत हैं:-

मोड ए- निजी अस्पताल और निजी भूमि:-

(1)- निजी क्षेत्र के दायित्व

मेडिकल कालेज चलाने के लिए एन0एम0सी0 द्वारा निर्धारित न्यूनतम नियामक आवश्यकताओं के अनुसार अस्पताल का उच्चीकरण एवं मेडिकल कालेज व अस्पताल चलाना।

(2)- राज्य के दायित्व

नीति के अनुसार वित्तीय अैर गैर-वित्तीय लाभ प्रदान करना।

(3)- वित्तीय एवं गैर-वित्तीय प्रोत्साहन

(क)- 05 वर्ष की अवधि के लिए उन्नयन के लिए पूंजीगत लागत पर 5 प्रतिशत की ब्याज सब्सिडी, जो अधिकतम 01 करोड़ प्रतिवर्ष होगी।

(ख)- प्रति सीट सहायता:-

एम0बी0बी0एस0 पाठ्यक्रम में 05 लाख प्रतिसीट प्रतिवर्ष, अधिकतम 05 वर्ष की अवधि के लिए जो 02 बैचों के लिए प्रति सीट अधिकतम 25 लाख रूपए होगी।

(ग)- भूमि परिवर्तन में शत-प्रतिशत छूट।

(घ)- यू0पी0 औद्योगिक नीति के अनुसार स्टाम्प शुल्क पर छूट दी जायेगी।

(4)- रोगियों को स्वास्थ्य सेवाएं उपलब्ध कराने हेतु शुल्क

निजी कम्पनी रोगियों को स्वास्थ्य सेवाएं (आई0पी0डी0, ओ0पी0डी0, डायग्नोसिस एवं अन्य सेवाएं) प्रदान करने हेतु एन0एम0सी0 के मानकों के अनुसार शुल्क प्राप्त कर सकती है।

मोड बी- निजी क्षेत्र का अस्पताल जहॉ सरकार द्वारा मेडिकल कालेज की स्थापना हेतु भूमि उपलब्ध करायी जायेगी।

(1) निजी क्षेत्र के दायित्व

(क)- 33 वर्ष की अवधि के लिए मेडिकल कालेज एवं अस्पताल का संचालन जिसे 01 रूपए वार्षिक लीज के रेन्टल के सापेक्ष स्वतः और 33 वर्ष के लिए विस्तारित किया जा सकता है।

(ख)- पट्टे की अवधि के अंत में बुनियादी संरचना के साथ पट्टे पर दी गयी भूमि वापस करनी होगी परन्तु अस्पताल वापस नहीं किया जायेगा।

(2)- राज्य के दायित्व

(क)- नीति के अनुसार वित्तीय अैर गैर-वित्तीय लाभ प्रदान करना।

(ख)- प्रतिवर्ष 01 रूपए के पट्टे पर भूमि उपलब्ध कराना।

(3)- राजकोषीय एवं गैर-राजकोषीय प्रोत्साहन

(क)- भूमि अनुदानः- नाम मात्र दरों पर भूमि का आवंटन।

(ख)- 05 वर्ष की अवधि के लिए उन्नयन के लिए पूंजीगत लागत पर 5 प्रतिशत की ब्याज सब्सिडी अधिकतम 01 करोड़ प्रतिवर्ष होगी।

(ग)- प्रति सीट सहायता:- एम0बी0बी0एस0 पाठ्यक्रम में 02 लाख प्रतिसीट प्रतिवर्ष अधिकतम 05 वर्ष की अवधि के लिए जो 02 बैचों के लिए प्रति सीट अधिकतम 10 लाख रूपए होगी।

(घ)- भूमि परिवर्तन में शत-प्रतिशत छूट।
(ड.)-यू0पी0 औद्योगिक नीति के अनुसार स्टाम्प शुल्क पर छूट दी जायेगी।

(4)- रोगियों को स्वास्थ्य सेवाएं उपलब्ध कराने हेतु शुल्क

निजी कम्पनी रोगियों को स्वास्थ्य सेवाएं (आई0पी0डी0, ओ0पी0डी0, डायग्नोसिस एवं अन्य सेवाएं) प्रदान करने हेतु एन0एम0सी0 के मानकों के अनुसार शुल्क प्राप्त कर सकती है।

मोड सी- जहां जिला अस्पताल, निजी क्षेत्र को पट्टे पर दिया जा सकता है और निजी क्षेत्र मेडिकल कॉलेज के लिए जमीन उपलब्ध करायेगा।

(1)- निजी क्षेत्र के दायित्व

(क)- जिला अस्पताल के उन्नयन के बाद मेडिकल कालेज का विकास एवं संचालन।
(ख)- जिला सामुदायिक स्वास्थ्य केन्द्र/स्वास्थ्य विभाग द्वारा किए जाने वाले सार्वजनिक स्वास्थ्य कार्यो के लिए जिला अस्पताल के भीतर 500 वर्ग मीटर निर्मित क्षेत्र प्रदान किया जायेगा।
(ग)- 33 वर्षो के पश्चात् अपग्रेड किए गये जिला अस्पताल को जैसा है, जहां है, के आधार पर वापस करना होगा।

(2)- राज्य के दायित्व

(क)- नीति के अनुसार वित्तीय और गैर-वित्तीय लाभ प्रदान करना।
(ख)- 01 रूपए प्रतिवर्ष की लीज पर जिला अस्पताल उपलब्ध कराना।
(ग)- जिला अस्पताल से मौजूदा मानव संशाधन को 02 वर्षों में पुर्नव्यवस्थित करना (प्रत्येक वर्ष के अन्त में 50 प्रतिशत)

(3)- राजकोषीय एवं गैर-राजकोषीय प्रोत्साहन

(क) राज्य सरकार द्वारा प्रति वर्ष निजी क्षेत्र को 100 रूपये प्रति ओ0पी0डी0 कन्सल्टेशन/ओ0पी0डी0 डायग्नोसिस सेवाओं (जिला अस्पताल के लिए स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार द्वारा निर्गत इण्डियन पब्लिक हेल्थ स्टैण्डर्ड-आई0पी0एच0एस0 डायग्नोस्टिक्स सूची के अनुसार) का उपभोग करने वाले मरीजों के सापेक्ष प्रतिपूर्ति की जायेगी परन्तु किसी मरीज से कोई शुल्क नहीं लिया जायेगा। ये इन्सेन्टिव प्रति वर्ष अधिकतम 2.00 करोड़ तक दिया जायेगा एवं प्रति वर्ष यह अधिकतम मूल्य 3 प्रतिशत से बढ़ाया जायेगा। यह सब्सिडी अनुबन्ध की अवधि अर्थात 33 वर्ष तक अनुमन्य होगी।

यह इन्सेन्टिव प्रत्येक वर्ष के अंत में निजी क्षेत्र को इस शर्त के साथ दिया जायेगा कि निजी क्षेत्र द्वारा आधार कार्ड (सभी ओ0पी0डी0 एवं ओ0पी0डी0 जॉचों के मरीजों) का सत्यापन अनिवार्य रूप से कराया जायेगा। निजी क्षेत्र को जिला अस्पतालों में आ रहे सभी ओ0पी0डी0 कन्सल्टेशन/ओ0पी0डी0 डायग्नोसिस के मरीजों के आधार कार्ड की जॉच करनी होगी। यदि किसी मरीज के पास आधार कार्ड नहीं है, तो उसके ओ0पी0डी0 कन्सल्टेशन/ओ0पी0डी0 डायग्नोसिस की नि:शुल्क सेवा उपलब्ध कराने के लिये राज्य सरकार चिकित्सा विभाग/चिकित्सा शिक्षा विभाग द्वारा नियुक्त/तैनात कर्मचारी से प्रमाणित करवाना होगा।

यह स्पष्ट किया जाता है कि जिला अस्पताल/मेडिकल कालेज में ओ0पी0डी0 कन्सल्टेशन/ओ0पी0डी0 डायग्नोसिस सेवायें आदि उपलब्ध होने की दशा में किसी भी मरीज को उक्त सुविधाएं उपलब्ध कराये जाने से मना नहीं किया जायेगा।

यदि नि:शुल्क सुविधा देने से मना किया गया तो कठोरतम दण्ड की व्यवस्था की जायेगी।

(ख)- 05 वर्ष की अवधि के लिए उन्नयन के लिए पूंजीगत लागत पर 5 प्रतिशत की ब्याज सब्सिडी जो अधिकतम 01 करोड प्रतिवर्ष होगी।
(ग)- एन0एम0सी0 की गाइड-लाइन्स के अनुसार आवश्यक उपकरण क्रय किये जायेगें। उपकरण के क्रय मूल्य का 20 प्रतिशत अथवा अधिकतम रू0 10.00 करोड़, की उपकरण सब्सिडी प्रदान की जायेगी।
(घ)- प्रति सीट सहायता:- एम0बी0बी0एस0 पाठ्यक्रम में 03 लाख प्रतिसीट प्रतिवर्ष अधिकतम 05 वर्ष की अवधि के लिए जो प्रथम 02 बैचों के लिए प्रति सीट अधिकतम 15 लाख रूपए होगी।

(ड)- भूमि परिवर्तन में शत-प्रतिशत छूट।

(च)- यू0पी0 औद्योगिक नीति के अनुसार स्टाम्प शुल्क पर छूट दी जायेगी।

(4)- जिला चिकित्सालय के लिए प्रस्तावित व्यवस्था

वर्तमान	मेडिकल कालेज बनने के बाद
निःशुल्क ओ0पी0डी0 परामर्श तथा तत्सम्बन्धी जॉच	निःशुल्क ओ0पी0डी0 परामर्श तथा तत्सम्बन्धी जॉच (जिला अस्पताल के लिए आई0पी0एच0एस0 डायग्नोसिस सूची)।
निःशुल्क आई0पी0डी0 सेवाएं	• वर्तमान चिकित्सालय में उपलब्ध बेड्स की संख्या तक नि:शुल्क तथा निजी क्षेत्र द्वारा अतिरिक्त बेड्स के 20 प्रतिशत भाग पर रोगियों को नि:शुल्क आई0पी0डी0 सेवायें उपलब्ध करायी जाएंगी। • बीमित रोगियों के लिये बीमा कम्पनी द्वारा देय धनराशि अनुमन्य होगी।
जनपद में चिकित्सालय/ स्वास्थ्य कार्यक्रम के लिए प्रशासनिक कार्य	निजी क्षेत्र द्वारा निर्मित 500 वर्ग मीटर क्षेत्रफल में फर्नीसिंग का कार्य राज्य सरकार द्वारा कराया जायेगा, जिसका संचालन डी0जी0एच0एस0/स्वास्थ्य विभाग द्वारा किया जायेगा। संचालन के व्यय-भार का वहन राज्य सरकार द्वारा किया जायेगा। राष्ट्रीय स्वास्थ्य मिशन के कार्यक्रम तथा संचारी, गैर-संचारी एवं वेक्टर बार्न डिजीजेज के लिए उपयोग किया जा सकेगा।
• संचारी रोग • गैर संचारी रोग • वेक्टर जनित रोग से संबंधित लोक स्वास्थ्य सेवाएं	• 500 वर्ग मीटर क्षेत्र में डी0जी0एच0एस0/स्वास्थ्य विभाग द्वारा रोगियों के उपचार एवं समन्वय। • नजदीकी सी0एच0सी0 या रेफरल चिकित्सालय में सैम्पल टेस्टिंग की व्यवस्था राज्य सरकार द्वारा की जायेगी। • भारत सरकार एवं राज्य सरकार के हेल्थ प्रोग्राम के अनुसार योजनाओं का संचालन।

राष्ट्रीय स्वास्थ्य कार्यक्रम के अन्तर्गत संचालित डायग्नोसिस (सी0टी0 स्कैन, डायलेसिस, रोडियोलॉजी, एम0आर0आई0 आदि) की योजना जब तक केन्द्र सरकार अथवा राज्य सरकार द्वारा वित्त पोषित किया जायेगा, तब तक उपर्युक्तानुसार रोगियों को नि:शुल्क सुविधाएं उपलब्ध करायी जायेगीं। केन्द्र सरकार अथवा राज्य सरकार से वित्त पोषण समाप्त होने की दशा में प्रश्नगत सेवाएं स:शुल्क होगीं, परन्तु इनके लिए किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ द्वारा निर्धारित दरों से अधिक शुल्क नहीं लिया जायेगा।

4- प्रस्तावों की प्राथमिकता

निजी क्षेत्र की संस्थाएं इस नीति में दी गयी तीन मोड्स में से किसी के अन्तर्गत अपना प्रस्ताव प्रस्तुत कर सकती हैं। शासन द्वारा निम्न वरीयता अधिक्रम के अनुसार प्राप्त प्रस्तावों का मूल्यांकन किया जायेगा:-

(क) मोड-ए

(ख) मोड-बी

(ग) मोड-सी

(घ) मॉडल-2

यदि किसी जनपद विशेष के लिए दो या उससे अधिक निजी क्षेत्र की संस्थाओं द्वारा रूचि दी जाती है तो ऐसी संस्थाओं के मध्य सीमित निविदा की प्रक्रिया अपनायी जायेगी। ऐसी निजी संस्था जिसके द्वारा प्रति सीट न्यूनतम सहयोग की अपेक्षा की जायेगी, को योजना स्वीकृत (एवार्ड) की जायेगी।

5- अनुमोदन प्रक्रिया

(1)- स्क्रीनिंग स्तरः- प्रस्ताव मूल्यांकन समिति (प्रपोजल अप्रेजल कमेटी पी0ए0सी0)

(क) अध्यक्ष - डी0जी0एम0ई0

(ख) सदस्य - वित्त नियन्त्रक, डी0जी0एम0ई0

(ग) सदस्य - राज्य सरकार के न्याय विभाग के नामित अधिकारी

(घ) डी0जी0एम0ई0 द्वारा आमंत्रित कोई अन्य सदस्य

(2)- अनुमोदनः पी0पी0पी0 बिड इवेल्यूऐशन कमेटी (पी0पी0पी0बी0ई0सी0)

(क) अध्यक्ष - प्रमुख सचिव/ सचिव, चिकित्सा शिक्षा विभाग।

(ख) सदस्य - प्रमुख सचिव/ सचिव वित्त विभाग।

(ग) सदस्य - प्रमुख सचिव/ सचिव, न्याय विभाग।

(घ) सदस्य - प्रमुख सचिव/ सचिव, नियोजन विभाग।

(ड) सदस्य - प्रमुख सचिव/ सचिव,

(च) संयोजन सदस्य- सचिव, चिकित्सा शिक्षा विभाग।

(छ) पी0पी0पी0बी0ई0सी0 द्वारा चयनित एक अथवा एक से अधिकविभागों के प्रतिनिधि (आवश्यकतानुसार)

(3)- यदि किसी जनपद के लिए एक ही संस्था द्वारा रूचि प्रदर्शित की जाय तो एकल निविदा के आधार पर सक्षम स्तर से अनुमोदनोपरान्त निर्णय लिया जा सकेगा।

(4) निजी क्षेत्र की कम्पनियों की परफारमेन्स का मूल्यांकन करने हेतु परफारमेन्स पैरामीटर का विवरण अनुबन्ध में स्पष्ट किया जायेगा।

3- कृपया उपर्युक्तानुसार प्रदत्त अनुमोदन के क्रम में उक्त के क्रियान्वयन हेतु आवश्यक/अग्रेतर कार्यवाही सुनिश्चित कराने का कष्ट करें।

संलग्नकः-यथोक्त।

भवदीय,

(आलोक कुमार)
प्रमुख सचिव

संख्या एवं तद्दिनांक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित-

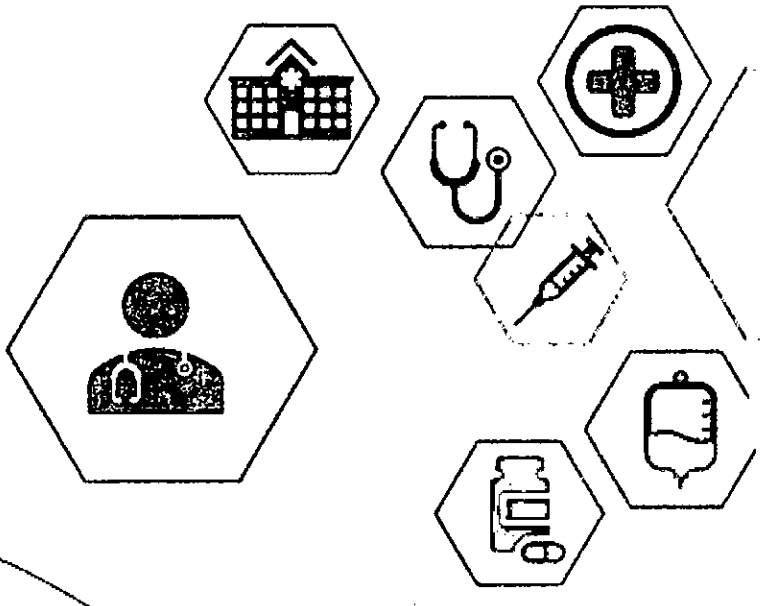
1. अपर मुख्य सचिव, मा0 मुख्यमंत्री, उ0प्र0शासन।
2. मुख्य स्टाफ आफिसर, मुख्य सचिव, उ0प्र0 शासन।
3. निजी सचिव, मा0 मंत्री जी, चिकित्सा शिक्षा विभाग, उ0प्र0 शासन।
4. महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, उ0प्र0 लखनऊ।
5. जिलाधिकारी/मुख्यचिकित्साधिकारी, बागपत, बलिया, भदोही, चित्रकूट, हमीरपुर, हाथरस, कासगंज, महराजगंज, महोबा, मैनपुरी, मऊ, रामपुर, सम्भल, सन्तकबीरनगर, शामली एवं श्रावस्ती।
6. Partner, Streategy & Transactions, Ernst & young LLP 3rd & 6th Floor, Worldmarket IGI Airport Hospitality District Aerocity, New Delhi-110037
7. गार्ड फाइल।

आज्ञा से,

(अनिल कुमार सिंह)
संयुक्त सचिव

UTTAR PRADESH

MEDICAL EDUCATION SECTOR



SCHEME FOR GOVERNMENT SUPPORT TO PRIVATE INVESTMENT IN DEVELOPMENT OF MEDICAL COLLEGE IN UNSERVED DISTRICTS

Chapter 1: Introduction

1.1.Background

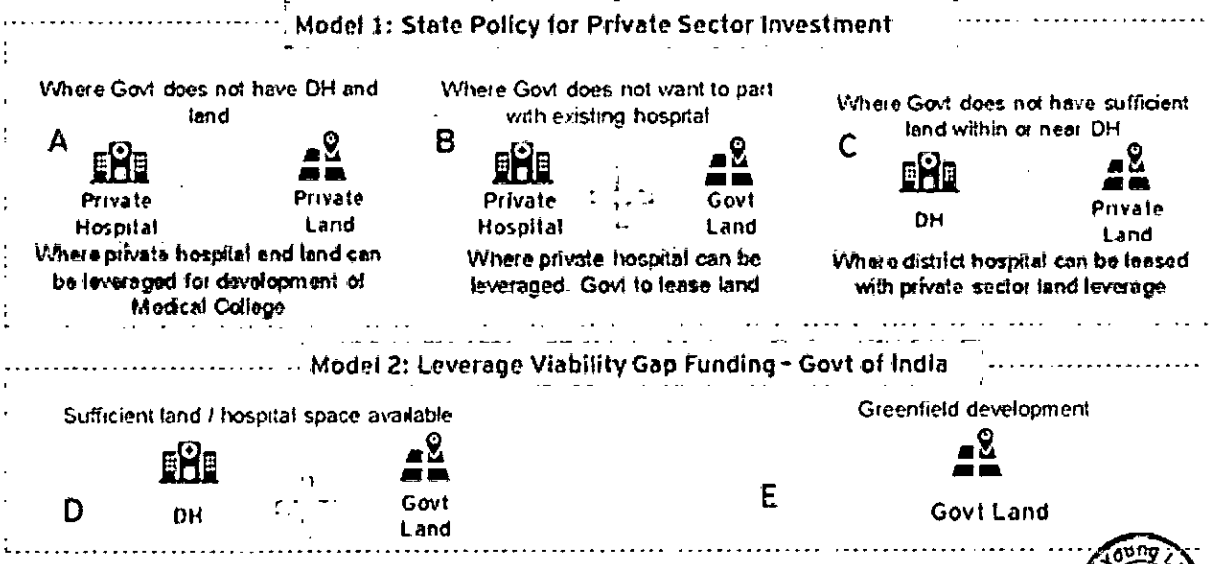
Government of Uttar Pradesh ("Government") has been focused on ensuring improvements in the healthcare sector. The efforts of the Department of Medical Education have been at the forefront of initiatives. This is evident from the fact that there were only 17 (seventeen) medical college & hospital prior to 2016 whereas the state today has only 16 (sixteen) unserved districts (Appendix 1) left in terms of planning & development of medical college and hospital.

The Government is committed to ensure medical college in every district of Uttar Pradesh to provide quality healthcare and to meet the shortage of qualified medical doctors, both general practitioners as well as specialists. While presenting the budget for FY 2021-22, the Government of Uttar Pradesh announced that medical college & hospital shall be constructed in the 16 (sixteen) unserved districts on Public Private Partnership (PPP) mode. The Central Government while presenting the budget for FY 2020-21 also announced to support the development of medical college & hospital on PPP by leveraging the existing district hospitals.

Whereas in this regard the Government recognises that setting up of Medical College & Hospital requires large investments and recruitment of human capital, which can also be efficiently done with private sector participation to bring techno-managerial efficiencies associated with it. Therefore, the Government desirous of developing medical college & hospital infrastructure with private sector participation in the sixteen unserved districts.

1.2.Models for Private Sector Investment in Medical College & Hospital Development

In this regard, two-pronged approach has been conceived by the Government. The private sector may be involved through investment policy route or through facilitation from the Viability Gap Funding (VGF) scheme of Government of India. This policy document details the investment policy route for private sector participation (Models detailed in the Figure below).


Model 1: State Policy for Private Sector Investment
Where Govt does not have DH and land
A
Private Hospital
Private Land
Where private hospital and land can be leveraged for development of Medical College
Where Govt does not want to part with existing hospital
B
Private Hospital
Govt Land
Where private hospital can be leveraged. Govt to lease land
Where Govt does not have sufficient land within or near DH
C
DH
Private Land
Where district hospital can be leased with private sector land leverage
Model 2: Leverage Viability Gap Funding - Govt of India
Sufficient land / hospital space available
D
DH
Govt Land
Greenfield development
E
Govt Land

The Government shall provide such fiscal and/or non-fiscal incentives and/or other support ("Support") as described in this document to incentivize private sector to set up medical college & hospital facilities in accordance with this Policy.

Now, therefore, the Government has decided to put into effect the following scheme ("Scheme) for providing Support to private sector entity for undertaking development of the Medical Colleges in such unserved Districts. The State Government of Uttar Pradesh has accordingly notified this Scheme for Support to Private Sector Entity for undertaking development of medical college & hospital. This Scheme envisages three Modes of engaging private sector entity. They are being dealt with individually in subsequent chapters of this Scheme.

1.3.Short Title and Extent

This Scheme will be called the Scheme for **Government Support to Private Investment in development of Medical College in Unserved Districts**. Suitable budgetary provisions will be made in the Annual Plans on a year to year basis. The Scheme shall come into force from such date as is notified by the Government.

1.4.Basis of Benefits

The Scheme aims to bring synergies, as may be applicable, from various schemes such as U.P. Industrial Investment & Employment Promotion Policy-2017; and Promulgation of Micro, Small & Medium Enterprise & Export Promotion Policy-2017for the investors in the medical college and hospital projects. It also brings in leading practices across the country to ensure financial viability of the projects.

1.5.Implementing Agency

The Director General Medical Education ("**DGME**") shall be responsible for implementation of the Scheme, once notified. The stepwise procedure to be followed for submission, appraisal and approval of financial support under this Scheme, along with respective application format for each Mode are specified Appendix 2. Approval under this Scheme shall be for the purposes of this Scheme only. All other statutory, financial or administrative approvals shall be obtained as applicable from the relevant competent authority.

1.6.Eligible Entities Under the Scheme

The Scheme will apply only to the project sponsored and proposed by Private Sector Entity ("**PSE**"). For the purposes of this Guidelines, a PSE shall mean an University or a society registered under the Societies Registration Act, 1860 (21 of 1860) or corresponding Acts in other States or a public religious or charitable trust registered under the Trust Act, 1882 (2 of 1882) or the WAKFS Act, 1954 (29 of 1954); an autonomous body promoted by Central or State Government by or under a Statute for the purpose of medical education; or a company registered under the Companies Act, 2013, or any Consortium of eligible entities.

The eligible entities must have experience of operating at least 150 bedded hospital or a medical college. The eligible entities should have - positive Net Worth.

Chapter: 2 Mode A (Private Hospital and Private land)

2.1 Description

Under this mode, The PSE shall bring in own operational Hospital, adequate land for setting up of Medical College and all requisite assets for setting up of a Medical College of not less than 100 undergraduate seats, as per applicable norms.

2.2 Key Role of Parties

i. PSE shall own an operational Hospital to be eligible under this mode. PSE would also be required to undertake any augmentation of infrastructure and manpower and meet minimum occupancy requirements in accordance with regulatory requirements including NMC Guidelines related to minimum hospital capacity for commencing medical college operation.
ii. The PSE shall also own the required land for developing the medical college
iii. Under this Mode of development, the PSE shall be eligible for such fiscal and/or non-fiscal incentives as are set forth in section 2.3 of this Scheme.
iv. Government upon application submitted by PSE as per Appendix 3 decide to grant the fiscal / non-fiscal in accordance with section 2.3 of this Scheme
v. PSE shall ensure to augment and equip its existing hospital as per NMC guideline, increase additional capacity of beds and set up Medical College at its own cost within two years of the final approval from the Government, in case of failure or delay Authority may rollback the entire or part of fiscal and non-fiscal incentives under this Scheme in its sole discretion.

2.3 Fiscal and Non-Fiscal Incentives

The PSE shall be eligible for the following Support as sought by it:

S.No.	Parameter	Condition	Description
1.	Interest subsidy	Interest subsidy of 5% out of the Interest Rate (IR) on the capital cost for upgradation, funded from scheduled bank for a moratorium period of 5 (five) years, subject to maximum ceiling of Rs 1 (one) Crore per annum per Medical College.	Payable at the end of the year on furnishing the Bank/lender certificate. *[Illustration: if IR is 9% then 5% will be borne/reimbursed by Govt and balance 4% will be borne by PSE]*
2.	Assistance per seat	Assistance of Rs 5 (five) lakhs per seat per year in M.B.B.S. course for a maximum period of 5 (five) years of each batch, subject to maximum of Rs 25 (twenty five)	Yearly amount payable biannually at the start of each year, on furnishing certificate in regard to

S.No.	Parameter	Condition	Description
		lakhs per student and applicable for first and second batch only.	student from Medical College Registrar.
3.	100% exemption of conversion of land	Conversion will be related to the said project and will be granted one time only.	The exemption will be granted only in the name of the PSE.
4.	Exemption on stamp duty as per extant UP Industrial Policy	-	The exemption will be granted only in the name of the PSE.
5.	Other incentives	As per the extant policies by respective department	The exemption will be granted only in the name of the PSE and shall be taken from the respective departments.

2.4 Patient Fee

The PSE shall be entitled to charge at market rates for Outpatient and Inpatient services (including day services and any other services) directly from the patients subject to regulatory and policy provisions including those under NMC Act.

Chapter: 3 Mode B (Private Hospital with Government Providing Land for Medical College Infrastructure)

3.1.Description

Under this mode, the Government shall provide land on lease to the private partner for setting up of the Medical College. The Private partner shall bring in an operational Hospital for setting up a Medical College with not less than 100 undergraduate seats.

3.2.Key Role of Parties

I. PSE shall own an operational Hospital to be eligible under this mode. PSE would also be required to undertake any augmentation of infrastructure and manpower and meet minimum occupancy requirements in accordance with regulatory requirements including NMC Guidelines related to minimum hospital capacity for commencing medical college operation.

II. Under this Mode of development, the PSE shall be eligible for such fiscal and/or non-fiscal incentives as are set forth in section 3.3 of this Scheme.

III. Subject to the lease conditions and other applicable norms, the PSE shall be entitled to run and operate the hospital and medical college set up by it as per its commercial wisdom and good industry practices.

IV. The Government would grant a lease of the land for a period of 33 years extendable for another 33 years automatically against an annual lease rental of INR 01 (one). The extension shall be automatic, provided the medical college and hospital has an approval from NMC to undertake the continued operations of the medical college as on the date of the application to DGME and the DGME confirms such extension in the manner set out hereafter. The PSE shall submit an application to DGME not later than the anniversary of the 30th year of lease to the DGME. DGME shall confirm the extension of lease within 90 days. In the event that DGME has any concern regarding the automatic renewal, it shall respond to the letter within 90 days of receiving the Application asking the PSE to cure the defect identified by DGME within 90 days from the receipt of the Application. Upon receiving confirm of cure, DGME shall convey its concurrence or otherwise to the extension. The Stamp Duty on the lease shall be exempted at the time of renewal.

V. Hand back the leased land along with the infrastructure created on the land at the end of the term, either by efflux of time or early termination. For avoidance of doubt, it is clarified that the hospital owned by PSE shall not be handed back.

VI. The Government shall while making available land for Medical college comply with distance or travel time norms with regard to two plots.

VII. Government to construct hospital so as to seamlessly use the medical college that is handed back by PSE at the end of the term of contractual arrangement.

VIII. The PSE shall comply with NMC norms to provide subsidized treatment in teaching beds and empanel itself under Ayushman Bharat Scheme

IX. PSE shall ensure to augment and equip its existing hospital as per NMC guidelines, additional capacity of beds and Medical College at its own cost within two years of the final approval from the Government, in case of failure or delay Authority may rollback

the entire or part of fiscal and non-fiscal incentives under this Scheme in its sole discretion.

3.3.Fiscal and Non-Fiscal Incentives

The PSE shall be eligible for the following Support as sought by it:

S.No.	Parameter	Condition	Description
1.	Expansion subsidy	Allotment of land at INR 01 (one) of annual lease rent	-
2.	Interest subsidy	Interest subsidy of 5% out of the Interest Rate (IR) on the capital cost for upgradation, funded from scheduled bank for a moratorium period of 5 (five) years, subject to maximum ceiling of Rs 1 (one) Crore per annum per Medical College.	Payable at the end of the year on furnishing the Bank/lender certificate. *[Illustration: if IR is 9% then 5% will be borne/reimbursed by Govt and balance 4% will be borne by PSE]*
3.	Assistance per seat	Assistance of Rs 2 (two) lakhs per seat per year in M.B.B.S. course for a maximum period of 5 (five) years of each batch, subject to maximum of Rs 10 (ten) lakhs per student and applicable for first and second batch only.	Yearly amount payable at the start of each academic year, on submission of the records of the admission of student in the Medical College.
4.	100% exemption of conversion of land	Conversion will be related to the said project and will be granted one time only.	The exemption will be granted only in the name of the PSE.
5.	Exemption on stamp duty as per extant UP Industrial Policy	-	The exemption will be granted only in the name of the PSE.
6.	Other incentives	As per the extant policies by respective department	The exemption will be granted only in the name of the PSE and shall be taken from respective departments.

3.4.Patient Fee

The PSE shall be entitled to charge at market rates for Outpatient and Inpatient services (including day services and any other services) directly from the patients subject to regulatory and policy provisions under NMC Act.

Chapter 4: Mode C (Leverage District Hospital with Private Sector Land)

4.1 Description

Under this mode, the Government shall provide an existing district hospital on lease to the PSE on "as is where is" basis. The PSE shall have the obligation to bring adequate land parcel in accordance with the extant regulations for the development of medical college infrastructure notified by National Medical Commission (NMC), a body constituted by Central Government under National Medical Commission Act, 2019 from time to time.

4.2 Key Roles of Parties

A. The Government would enter into a contractual arrangement ("Agreement") whereby lease of relevant District Hospital facilities would be provided to PSE for a minimum period of 33 years. The lease consideration shall be INR 1 (One) per year. The Agreement shall contain and stipulate such other conditions that PSE is required to abide by, which shall inter alia include the requirement of making available dedicated built up area in the Hospital to Director General Health Services ("DGHS") for discharging administrative functions including but not limited to technical and administrative support for primary health care and various disease control programs. For this purpose, the DGME would consult and coordinate with DGHS and handover appropriate built up area not later than 180 days from the date of commencement of the Agreement.

B. PSE shall augment the capacity of the existing hospital and construct the medical college infrastructure in accordance with the standards prescribed by the NMC from time to time.

C. The Government shall also withdraw existing personnel (other than those funded through National Health Mission) from the hospital in a phased manner over 2 (two) years in a manner prescribed in this clause.
   a. At the end of first year, 50% of the personnel shall be withdrawn (except for contractual staff funded under National Health Mission) while at the end of second year all the personnel shall be withdrawn by the Government. Private sector shall bring in their own personnel to operate the medical college & hospital.
   b. Contractual staff (other than those funded through National Health Mission) shall be given the option to novate their contracts in favour of PSE. In the event that the contractual staff decides to continue their contract with the Government only, such staff shall be allocated (on contract) to provide services in other district hospitals of the state, taking into consideration the respective hospital's requirements.
   c. Staff, who are regular employees of the Government, shall be transferred to other district hospitals as per the human resource requirements of those hospitals.

d. The Government shall also provide services of the contractual staff funded through National Health Mission in the hospital (leased to PSE) as per the existing contractual arrangements between the Government and the staff. Administratively, these staff shall work with the PSE on day-to-day basis. Any issues related disciplinary action shall be informed to DGME by PSE who in turn shall inform DGHS for appropriate actions.

e. In the event that the existing contracts (referred in 4.2 (C) (d) above) get over by efflux of time or National Health Mission discontinues providing such services as the hospital has been leased out for medical college purposes, there shall be no additional obligation for the Government to provide any staff during the term of the Agreement.

D. Under this Mode of development, the PSE shall be eligible for such fiscal and/or non-fiscal incentives as are set forth in Section 4.3 of this Scheme.

E. The PSE shall make available at least 500 (five hundred) square metre constructed area (including finishes, electrical work, water connecting, plumbing, sanitation, and civil work etc.) in the District Hospital to DGHS for discharging administrative functions including but not limited to technical and administrative support for primary health care and various disease control programs to be performed by the Government human resources. The Government shall be responsible for the furnishing cost and operational cost for maintaining the 500 sqm designated area.

F. PSE shall hand back the functional District Hospital to the Government at the end of the term, either by efflux of time or early termination on as is where is basis.

G. PSE shall ensure to augment and equip the District Hospital, additional capacity of beds (save an except stated otherwise elsewhere in this chapter) and Medical College at its own cost within 3 (three) years of the final approval from the Government, and in case of failure or delay, Authority may rollback the entire or part of fiscal and non-fiscal incentives under this Scheme in its sole discretion.

4.3 Fiscal and Non-Fiscal Incentives

The PSE shall be eligible for the following Support as sought by it under the Scheme:

S.N.	Parameter	Condition	Description
1.	OPD Consultation and related diagnostic Fee	Rs. 100/- per OPD consultation and related diagnostics (please refer to Appendix 7) to be reimburse by Government of UP on yearly basis for the contract period. There will be no fee to be charged from the patients	Payable at the end of the year subject to AADHAR Card Authentication by the PSE for each OPD consultation and related diagnostics (no OPD consultation fee shall be payable for repeat OPD consultation within 7 days of previous paid OPD and free diagnostic shall be as provided in

S.N.	Parameter	Condition	Description
		visiting the District Hospital for OPD consultation and related diagnostic service as provided in Appendix 7. Subject to a maximum yearly payment of Rs. 2 Cr p.a. This capping shall be increased by 3% every year towards free OPD consultation and related diagnostics.	Appendix 7). AADHAR Card Authentication shall be done by PSE for each patient visiting the District Hospital. In case any of the patient doesn't have AADHAR Card, the same shall be confirmed by the Officer deployed by the Health Department / Medical Education Department. For avoidance of doubt it is clarified that no patient shall be denied for the services available in the District Hospital and Medical College related to OPD consultation and diagnostic services (as provided in Appendix 7).
2.	Interest subsidy	Interest subsidy of 5% out of the Interest Rate (IR) on the capital cost for upgradation, funded from scheduled bank for a moratorium period of 5 (five) years, subject to maximum ceiling of Rs 1 (one) Crore per annum per Medical College & Hospital	Payable at the end of the year on furnishing the Bank certificate. *[Illustration: if IR is 9% then 5% will be borne/reimbursed by Govt and balance 4% will be borne by PSE]*
3.	Equipment subsidy in priority districts	20% (twenty) of the purchase price of equipment, subject to maximum of 10 (ten) Cr. The equipment subsidy shall be provided for the equipment purchased according to the "Minimum Standard Requirements for the Medical College (For 100 Admissions Annually), 1999 (as amended from time to time)"	Payable on furnishing the original procurement receipt/bill and payment proof. However, in case of hire purchase/financial lease the amount shall be limited to 20% of the periodic amount paid to the lessor.
4.	Assistance per seat	Assistance of Rs 3 (three) lakhs per seat per year in M.B.B.S. course for a maximum period of 5	Yearly amount payable biannually at the start of each year, on furnishing certificate in regard to student from Medical College Registrar.

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S.N.	Parameter	Condition	Description
		(five) years of each batch, subject to maximum of Rs 15 (fifteen) lakhs per student and applicable for first and second batch only.	
5.	100% exemption of conversion of land	Conversion will be related to the said project and will be granted one time only.	The exemption will be granted only in the name of the PSE.
6.	Exemption on stamp duty as per extant UP Industrial Policy	-	The exemption will be granted only in the name of the PSE.
7.	Other incentives	As per the extant policies by respective department	The exemption will be granted only in the name of the PSE and shall be taken from respective departments.

4.4 Patient Fee

A. Up to the capacity handed over to the private partner and 20% (twenty percentage) of all the remaining beds above the said capacity, PSE shall provide Inpatient services free of cost ("Free Patients") available at District Hospital and Medical College; however for patients covered under health insurance schemes (including but not limited to Prime Minister Jan Arogya Yojana (PM-JAY) and state health insurance scheme and any other patient as identified by the Department of Health from time to time) the PSE may charge as per the provisions of the relevant insurance scheme. For this purpose, the hospital shall empanel itself under the insurance scheme(s) in force in the state.

B. PSE shall operate the additional capacity created in the hospital as per its commercial wisdom

C. The PSE shall provide Outpatient Consultation available in District Hospital and Medical College free of cost to the patients and Government of Uttar Pradesh shall reimburse the same as indicated in Section 4.3(1). Registration fee shall be as charged in the district hospitals elsewhere in the state. For the OPD diagnostic services mentioned in Appendix 7 (expected to be available in District Hospital as per IPHS standards), the PSE shall provide free of cost services to the patients. In this regard the Government shall reimburse INR 100 per OPD patient towards consultation and diagnostics (as mentioned in Appendix 7) as mentioned in section 4.3 above.

D. Existing National Health Programs (such as Dialysis, CT Scan, MRI, Radiology) operating out of the hospital shall continue to be provided to the beneficiaries as per the

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respective contractual arrangements and extant regulations under the national health programs. This may include services mentioned in Appendix 7. In the event that any of the diagnostic services mentioned in Appendix 7 are being covered under existing National Health Programs, the PSE shall not be obliged to provide such services till such programs are functional in the medical college & hospital. Upon closure of such programs due to completion of national health programs contract by efflux of time or otherwise, the PSE shall provide such services to the patients (identified in Appendix 7) without any cost to the patient. For avoidance of doubt, it is clarified that the per patient reimbursement to PSE shall not be altered due to any changes in the obligations described under this section.

Save and except any diagnostic services mentioned in Appendix 7, post expiry of the existing contract and / or fiscal support not being extended by Centre or State Government, the PSE may decide to continue or otherwise to provide these services as per the regulatory requirements. In the event that no national health programs is being implemented and / or no fiscal support extended by Centre or State Government, the PSE shall be allowed to charge for these diagnostics services (save and except those diagnostic services mentioned in Appendix 7) at applicable rate (as amended from time to time) of King George Medical University, Lucknow for the respective services.

For avoidance of doubt it is clarified that the PSE shall not charge any fee from the beneficiaries / patients for the diagnostic services under national health programs for which the fiscal support is being extended under Centre / State Government scheme

Patients covered under health insurance schemes (including but not limited to Prime Minister Jan Arogya Yojana (PM-JAY) and state health insurance scheme and any other patient as identified by the Department of Health from time to time) shall continue to receive services as per the eligibility and payment mechanism under the Prime Minister Jan Arogya Yojana (PM-JAY) and state health insurance scheme.

E. The Government shall provide drugs which are listed under national list of essential medicines, free of cost to the Patients covered under health insurance schemes (including but not limited to Prime Minister Jan Arogya Yojana (PM-JAY) and state health insurance scheme and any other patient as identified by the Department of Health from time to time) in the outpatient care case. For this purpose, the Government may utilize part of the space provided to DGHS to open a Government Pharmacy. For other medicines, the patients shall be required to buy from the market.

Chapter 5: Model 2 (Leverage Viability Gap funding - Government of India)

Projects under this Model shall be implemented as per the Guidelines for Financial Support to Public Private Partnership in Infrastructure, Viability Gap Funding Scheme, 2020 (and as may be amended from time to time) and Guidelines for Selection Consultants & Developers for PPP Projects in Uttar Pradesh – 2016 (Amended).

Please refer to Appendix 6 for incentives under VGF Scheme (for illustration purpose only).

Chapter: 6 Miscellaneous

A. The Government may at any time and from time to time undertake regular monitoring and periodic evaluation of Project compliance so as to ensure that the District Hospital or the land parcel that is leased to PSE is being used in full compliance with applicable laws and purpose; and/or the Incentives that is provided under this Scheme is utilised towards the intended purpose only.

B. In case of violation of this Scheme in any manner, Government may decide to revoke the unutilised Support and terminate the arrangement in respect of District Hospital or the allotted land for setting up Medical college, as the case may be. In such case, the PSE shall be liable to refund all incentives provided by Government till date of termination, along with interest thereon at the rate of SBI MCLR for the relevant period from date of disbursement/utilisation till date of termination.

C. Trauma and accident cases shall be dealt as per the extant applicable laws.

D. This Scheme is in supersession of all other schemes, if any, issued in connection with development of Medical college by Private Sector Entity. For avoidance of doubt, it is clarified that any scholarship scheme being run by any Government department shall continue to be applicable to the students of this medical college and hospital as well and shall have no relationship with the "Assistance per seat" being granted under this policy.

E. Department of Medical Education, Government of Uttar Pradesh may issue appropriate guidelines for implementation of the Scheme from time to time.

F. In case, two or more PSE's express interest for a specific district for implementation under the same mode, then limited tender process shall be undertaken wherein each PSE shall be given one week's time to submit in a closed envelope, the discount on the per seat assistance that it offers the Government against the amount specified in the respective Incentive sections, as applicable. The PSE offering higher discount as a percentage shall be chosen for disbursement of the Support.

G. The PSE will not alienate or dispose through any device or arrangement, the District Hospital or the Government land leased to PSE under this Scheme.

H. The PSE will not sub-lease the District Hospital or Government land without procuring prior written approval of Government.

I. Priority of Proposals: The PSEs are encouraged to submit the proposals under any of the three Modes envisaged in this policy. The Government while making a decision shall keep the following priority, which has been arrived at considering the larger public interest of early implementation of the project, minimum disruption of public health services under district hospitals and administrative ease of implementation:
   I. Proposals received under Mode A (private sector bringing land for medical college and the hospital) shall be given priority over all other proposals (i.e. proposal received under Mode B or Mode C)
   II. Proposals received under Mode B (private hospital with government land for medical college) shall be given priority over proposal received under Mode C (district hospital

leased by the Government and private sector bringing the land for medical college infrastructure)

III. In the event that the Government is unable to identify requisite land or provide district hospital as the case may be, the corresponding mode of implementation shall be considered as infeasible and the proposals received under such modes shall not be considered.

IV. In the event that the applications are invited under the policy and there are no interested parties for a specific district, the Government may invite applications under VGF scheme of Government of India for such districts.

J. The regulations related to implementation of project under Model 2 (Viability Gap Funding) shall be as per the extant policies prescribed by the Government of India. The treatment of sole bid shall be the same as prescribed in "Guidelines for Selection of Consultants & Developers for PPP Projects in Uttar Pradesh-2016" as amended from time to time.

K. The Student fee chargeable from students of the medical college developed under this scheme, will be as per the fee fixed by Admission and Fee Regulatory Committee (AFRC), Uttar Pradesh in line with NMC regulations read with state laws. Accordingly, fee for 50% of sanctioned intake will be fixed as per NMC guidelines and remaining as per state laws.

L. An agreement shall be signed between the PSE and the DGME detailing the obligations of each party as envisaged in this policy. Also, the agreement may have the provisions related to key performance indicators, project milestones, and penalty for PSE. The provisions of the Agreement shall be approved by the PPP Bid Evaluation Committee (PPPBEC).

Chapter -7: Timeline for consideration at the various levels of Government:

The Government shall endeavour to adhere to the following timelines in connection with submission, appraisal and approval of the application received from PSE under this Scheme.

S.N.	Activities	Weeks						
		1	2	3	4	5	6	7
1.	Date of application submission at the DGME office (T0)							
2.	Appraisal of submitted application by PAC							
3.	PAC may seek clarification, if required							
4.	Response to clarification from PSE							
5.	Application evaluated by PAC along with clarification (if any)							
6.	If application rejected by PAC, PSE to be informed							
7.	PAC submits evaluation report along with application to PPPBEC for approval							
8.	Final approval or rejection by PPPBEC							

Appendix – 1
List of Unserved Districts

S.N.	Name of district
1	Bagpat
2	Mainpuri
3	Sant Kabeer Nagar
4	Ballia
5	Rampur
6	Bhadohi
7	Kasganj
8	Maharajganj
9	Shamli
10	Chitrakoot
11	Mahoba
12	Hamirpur
13	Mau
14	Shravasti
15	Sambhal
16	Hathras

Appendix- 2

Step Wise Process Flow

Sequential process for approval/rejection of application submitted by PSE under this Scheme as per the timelines depicted in the table at Chapter-6:

1. Submission of application by the interested PSE for Mode A: (as per Appendix- 3) or Mode B: (as per Appendix- 4) or Mode C: (as per Appendix 5), as the case may be.

2. The appraisal of the application submitted shall be done by the Proposal Appraisal Committee (PAC) chaired by Director General of Medical Education (DGME):
   (a) The PAC will comprise of the following:
      a. Chairperson – DGME, Directorate of Medical Education & Training, Government of Uttar Pradesh
      b. Member – Financial Advisor, Directorate of Medical Education & Training, Government of Uttar Pradesh
      c. Member –Nominee, Department of Legal affairs, Government of Uttar Pradesh
      d. Any other member as may be invited by the DGME

   (b) The PAC will evaluate the application and if required can seek clarification/comments for any deficiency or shortfall from the PSE on the application.
   (c) The PSE shall respond to the clarification/comments sort by the PAC within one week from date of issuance of clarification.

3. The PAC may reject the application, if in PAC's reasonable estimation the applicant does not meet any eligibility or has not responded satisfactorily to the clarification sought.

4. The rejection by PAC shall be informed to PSE within two weeks from the date of receipt of response to clarification sought. Such rejects shall also be presented to PPPBEC for approval.

5. Once the PAC is satisfied with the application submitted by the PSE along with the response to the clarification (if any), will submit the application to the PPP Bid Evaluation Committee (PPPBEC) for final approval or rejection for all the three Modes. The PPPBEC will comprise of the following members as defined under *'Guidelines for Selection of Consultants & Developers for PPP Projects Uttar Pradesh – 2016 (as amended from time to time)"*.

   a. Chairperson – Principal Secretary/ Secretary, Medical Education [PS (ME), Government of Uttar Pradesh]
   b. Member – Principal Secretary/Secretary, Finance Department
   c. Member – Principal Secretary/Secretary, Law Department,
   d. Member - Principal Secretary/Secretary, Planning Department

e. Member - Principal Secretary/Secretary, Infrastructure and Industrial
f. Convener – Secretary, Medical Education Department
g. The PPPBEC may co-opt representatives of one or more relevant Departments as may be deemed necessary.

6. If sole interest is received for any of districts under Mode A/ B/ C, then the PPPBEC may submit the received proposal with its recommendations after due consideration of the proposal to Government of Uttar Pradesh for approval of the competent authority as per the extant policy on single tender defined under *'Guidelines for Selection of Consultants & Developers for PPP Projects Uttar Pradesh – 2016 (as amended from time to time)"*.

7. The PSE shall be informed about the final approval/rejection by the PPPBEC of its application within two weeks from the date of receiving the evaluation report along with the application from PAC.
8. Post, selection of PSE, an agreement shall be signed between the PSE and Directorate of Medical Education covering the provisions of this policy.

Appendix- 3
Application for Mode A

(Format of Application: For development of Medical College in State of Uttar Pradesh)

To,

Director General, Medical Education,
Directorate of Medical Education, Uttar Pradesh
Jawahar Bhawan, 6th Floor, Ashok Marg, Lucknow, Uttar Pradesh 226001

Subject: To provide facility/Incentives "For development of Medical College in State of Uttar Pradesh for unserved districts".

Details of the Project for availing benefits under for development of Medical College in State of Uttar Pradesh for unserved districts are as follows: -

District Name:

Name of Private Sector Entity (PSE):

1. Name of Hospital:

Name of the Hospital	No. of Beds	Address	Year of Establishment/Operation

2. Areas:

Name of the Hospital	Plot Area (sq m)	Building Footprint (sq m)	Built-up Area (sq m)	FAR (if applicable)	Area of each floor	Attached Building Plan (Yes/No)
					Gr- 1st 2nd 3rd 4th	

Site detail for Medical College	Plot Area (sq m)	Building Footprint (sq m)	Built-up Area (sq m)	FAR (if applicable)	Area of each floor	Attached Building Plan (Yes/No)	Proximity to Existing Hospital (distance)
					Gr- 1st 2nd 3rd 4th		

4. Name of Departments

S.No.	Name of Departments

1.	
2.	
3.	

5. Human Resource

Details of Clinical and Non-Clinical Staff:

S.No.	Clinical Staff	Number
1.	Doctors	
2.	Nurse	
3.	Para-medical	
4.	Technical Staff	

S.No.	Non- Clinical Staff	Number
1.	Administrative Staff	
2.	Support staff	
3.	Others (please mention)	

6. Detailed plan for establishment of the Medical College with timelines.
7. Details of work done related to philanthropic activities by PSE till date

Date:
Place:

Signature of Applicant/Authorised Person

Name: _____
Designation: _____
Seal

Appendix- 4
Application for Mode B

(Format of Application: For development of Medical College in State of Uttar Pradesh)

To,

Director General, Medical Education,
Directorate of Medical Education, Uttar Pradesh
Jawahar Bhawan, 6th Floor, Ashok Marg, Lucknow, Uttar Pradesh 226001

Subject: To provide facility/Incentives "For development of Medical College in State of Uttar Pradesh for unserved districts".

Details of the Project for availing benefits under for development of Medical College in State of Uttar Pradesh for unserved districts are as follows: -

District Name:

Name of Private Sector Entity (PSE):

3. Name of Hospital:

Name of the Hospital	No. of Beds	Address	Year of Establishment/Operation

4. Areas:

Name of the Hospital	Plot Area (sq m)	Building Footprint (sq m)	Built-up Area (sq m)	FAR (if applicable)	Area of each floor	Attached Building Plan (Yes/No)
					Gr- 1st 2nd 3rd 4th	

8. Name of Departments

S.No.	Name of Departments
4.	
5.	
6.	

9. Human Resource

Details of Clinical and Non-Clinical Staff:

S.No.	Clinical Staff	Number
5.	Doctors	
6.	Nurse	
7.	Para-medical	

8.	Technical Staff	

S.No.	Non- Clinical Staff	Number
4.	Administrative Staff	
5.	Support staff	
6.	Others (please mention)	

10. Detailed plan for establishment of the Medical College with timelines.
11. Details of work done related to philanthropic activities by PSE till date

Date:
Place:

Signature of Applicant/Authorised Person

Name: _____
Designation: _____
Seal

Appendix- 5
Application for Mode- C

(Format of Application: For development of Medical College in State of Uttar Pradesh for unserved districts)

To,

Director General, Medical Education,
Directorate of Medical Education, Uttar Pradesh
Jawahar Bhawan, 6th Floor, Ashok Marg, Lucknow, Uttar Pradesh 226001

Subject: To provide facility/Incentives **"For development of Medical College in State of Uttar Pradesh for unserved districts".**

Details of the Project for availing benefits under for development of Medical College in State of Uttar Pradesh for unserved districts are as follows:

1.	Name of Private Sector Entity (PSE)	:
2.	Name of the Project and Place. (Name of the District Hospital)	:
3.	Proposed land area for Medical College, give details.	:
4.	Is it vacant land or any existing built up-area on the proposed land area, give details.	:
5.	Will you utilise the existing built-up area to meet the minimum standard required for establishment of Medical College? If yes, demonstrate with required details as per the regulation.	:
6.	Distance of the proposed Land Area for Medical College from the District Hospital	:
7.	Ownership/Lease over the proposed Land Area for Medical College, give details.	:
8.	Encumbrances or litigation over the title/ownership of the proposed Land Area	:

for Medical College. If any, please give details.

9. Detailed plan for establishment of the Medical College with timelines :

10. Details of work done related to philanthropic activities by PSE till date

Date:
Place:

Signature of Applicant/Authorised Person

Name: _____
Designation: _____
Seal

Appendix- 6

Incentives under VGF Scheme (Applicable for Model 2)

(As per Notification dated 7th December 2020)

For Social Sector Projects:

The total Viability Gap Funding under this Scheme shall be as follows:

Sub-scheme 1	This includes Water Supply, Solid Waste Management. Waste-Water Treatment. Health and Education etc. The amount of VGF under this scheme shall be equivalent to the lowest bid for capital grant, subject to maximum of 30% (Thirty percent) of the Total Project Cost. In case the sponsoring Central Ministry/State Government/Statutory Entity proposes to provide any assistance over and above the said VGF out of its budget. it shall be restricted to a further 30 percent of the total project cost. The projects eligible under this category should have at least 100% Operational Cost recovery.
Sub-scheme 2	This includes only demonstration/pilot projects in Health and Education sectors. The amount of VGF under this scheme shall be equivalent to the lowest bid which will be considered as summation of capital grant and NPV of O&M cost for first five years after COD, but subject to a maximum of 40% of the Total Project Cost as capital grant and 25% of NPV of O&M Cost for the first 5 years after COD as operational grant. In case the Sponsoring Central Ministry/State Government/Statutory Entity proposes to provide any assistance over and above the said VGF out of its budget, it shall be restricted to a further up to 40% of the Total Project Cost as capital grant and up to 25% of NPV of O&M Cost for the first 5 years alter COD as operational grant. The projects eligible under this category should have at least 50% Operational Cost recovery.

The quantum and applicability of VGF shall be subject to the approval of Government of India.

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Appendix – 7
List of Diagnostic Services (for OPD patients) to be provided free of cost by PSE

Diagnostic services mentioned under this appendix shall be provided by PSE to the OPD patients free of cost during the contract period (33 years)

SN	Specialty	Diagnostic Service/Test
I	**Clinical Pathology**	
	a. Hematology	Haemoglobin estimation
		Total Leukocytes count
		Differential Leucocytes count
		Absolute Eosinophil count
		Reticulocyte count
		Total RBC count
		E. S. R.
	- Immunoglobin Profile (IGM, IGG, IGE, IGA)	Bleeding time
	- Fibrinogen Degradation Product	Clotting time
		Prothrombin time
		Peripheral Blood Smear
		Malaria/Filaria Parasite
		Platelet count
		Packed Cell volume
		Blood grouping
		Rh typing
		Blood Cross matching
		ELISA for HIV, HCV, HBs Ag
		ELISA for TB
		APTT
		ANA/ANF, Rhemmatoid Factor
	b.Urine Analysis	Urine for Albumin, Sugar, Deposits, bile salts, bile pigments, acetone, specific gravity, Reaction (pH)
	c.Stool Analysis	Stool for Ovacyst (Ph),
		Hanging drop for V. Cholera
		Occult blood
		Bacterial culture and sensitivity
	d. Semen Analysis	Morphology, count
	e. CSF Analysis	Analysis, Cell count etc.
	f. Aspirated fluids	Cell count cytology
II	**Pathology**	
	a. PAP smear	Cytology
	b. Sputum	Sputum cytology
	c. Haematology	Bone Marrow Aspiration

SN	Specialty	Diagnostic Service/Test
		Immuno haematology
		Coagulation disorders
		Sickle cell anaemia
		Thalassemia
	d. Histopathology	All types of specimens, Biopsies
III	**Microbiology**	
		KOH study for fungus
		Smear for AFB, KLB (Diphtheria)
		Culture and sensitivity for blood, sputum, pus, urine etc.
		Bactriological analysis of water by H_{2s} based test
		Stool culture for Vibrio Cholera and other bacterial enteropathogene
		Supply of different media* for peripheral Laboratories
		Grams Stain for Throat swab, sputum etc.
IV	**Serology**	RPR Card test for syphillis
		Pregnancy test (Urine gravindex) ELISA for Beta HCG
		Leptospirosis, Brucellosis
		WIDAL test
		Elisa test for HI, HBsAg, HCV
		DCT/ICT with Titre
		RA factor
V	**Blood Bank**	Services as per norms for the blood bank including services for self component separation
VI	**Biochemistry**	Blood Sugar
		Glucose tolerance test
		Glycosylated Hemoglobin
		Blood urea, blood cholesterol
		Serum bilirubin
		Icteric index
		Liver function tests
		Kidney function tests
		Lipid Profile
		Blood uric acid
		Serum calcium
		Serum Phosphorous
		Serum Magnesium
		CSF for protein, sugar
		Blood gas analysis

SN	Specialty	Diagnostic Service/Test
		Estimation of residual chlorine in water
		Thyroid T3 T4 TSH
		CPK
		Chloride (Desirable)
		Salt and Urine for Iodine (Desirable)
		Iodometry Titration
VII	**Cardiac Investigations**	a) ECG
		b) Stress tests
		c) ECHO
VIII	**Ophthalmology**	a) Refraction by using Snellen's chart
		Retinoscopy
		Ophthalmoscopy
IX	**ENT**	Audiometry
		Endoscopy for ENT
X	**Radiology**	a) x-ray for Chest, Skull, Spine, Abdomen, bones
		b) Barium swallow, Barium meal, Barium enema, IVP
		c) MMR (chest)
		d) HSG
		e) Dental X-ray
		f) Ultrasonography
		g) CT scan
XI	**Endoscopy**	Oesophagus
		Stomach
		Colonoscopy
		Bronchuscopy
		Arthroscopy
		Laparoscopy (Diagnostic)
		Colposcopy
		Hysteroscopy
XII	**Respiratory**	Pulmonary function tests

List of Diagnostic Services (for OPD patients) to be provided free of cost by PSE

Diagnostic services mentioned under this appendix shall be provided by PSE to the OPD patients free of cost during the contract period (33 years)

SN	Specialty	Diagnostic Service/Test
I	**Clinical Pathology**	
	a. Hematology	Haemoglobin estimation
		Total Leukocytes count
		Differential Leucocytes count
		Absolute Eosinophil count
		Reticulocyte count
		Total RBC count
		E. S. R.
	- Immunoglobin Profile (IGM, IGG, IGE, IGA)	Bleeding time
	- Fibrinogen Degradation Product	Clotting time
		Prothrombin time
		Peripheral Blood Smear
		Malaria/Filaria Parasite
		Platelet count
		Packed Cell volume
		Blood grouping
		Rh typing
		Blood Cross matching
		ELISA for HIV, HCV, HBs Ag
		ELISA for TB
		APTT
		ANA/ANF, Rhemmatoid Factor
	b.Urine Analysis	Urine for Albumin, Sugar, Deposits, bile salts, bile pigments, acetone, specific gravity, Reaction (pH)
	c.Stool Analysis	Stool for Ovacyst (Ph),
		Hanging drop for V. Cholera
		Occult blood
		Bacterial culture and sensitivity
	d. Semen Analysis	Morphology, count
	e. CSF Analysis	Analysis, Cell count etc.
	f. Aspirated fluids	Cell count cytology
II	**Pathology**	
	a. PAP smear	Cytology
	b. Sputum	Sputum cytology
	c. Haematology	Bone Marrow Aspiration
		Immuno haematology

SN	Specialty	Diagnostic Service/Test
		Coagulation disorders
		Sickle cell anaemia
		Thalassemia
	d. Histopathology	All types of specimens, Biopsies
III	**Microbiology**	
		KOH study for fungus
		Smear for AFB, KLB (Diphtheria)
		Culture and sensitivity for blood, sputum, pus, urine etc.
		Bactriological analysis of water by H_{2s} based test
		Stool culture for Vibrio Cholera and other bacterial enteropathogene
		Supply of different media* for peripheral Laboratories
		Grams Stain for Throat swab, sputum etc.
IV	**Serology**	RPR Card test for syphillis
		Pregnancy test (Urine gravindex) ELISA for Beta HCG
		Leptospirosis, Brucellosis
		WIDAL test
		Elisa test for HI, HBsAg, HCV
		DCT/ICT with Titre
		RA factor
V	**Blood Bank**	Services as per norms for the blood bank including services for self component separation
VI	**Biochemistry**	Blood Sugar
		Glucose tolerance test
		Glycosylated Hemoglobin
		Blood urea, blood cholesterol
		Serum bilirubin
		Icteric index
		Liver function tests
		Kidney function tests
		Lipid Profile
		Blood uric acid
		Serum calcium
		Serum Phosphorous
		Serum Magnesium
		CSF for protein, sugar
		Blood gas analysis
		Estimation of residual chlorine in water

SN	Specialty	Diagnostic Service/Test
		Thyroid T3 T4 TSH
		CPK
		Chloride (Desirable)
		Salt and Urine for Iodine (Desirable)
		Iodometry Titration
VII	**Cardiac Investigations**	a) ECG
		b) Stress tests
		c) ECHO
VIII	**Ophthalmology**	a) Refraction by using Snellen's chart
		Retinoscopy
		Ophthalmoscopy
IX	**ENT**	Audiometry
		Endoscopy for ENT
X	**Radiology**	a) x-ray for Chest, Skull, Spine, Abdomen, bones
		b) Barium swallow, Barium meal, Barium enema, IVP
		c) MMR (chest)
		d) HSG
		e) Dental X-ray
		f) Ultrasonography
		g) CT scan
XI	**Endoscopy**	Oesophagus
		Stomach
		Colonoscopy
		Bronchuscopy
		Arthroscopy
		Laparoscopy (Diagnostic)
		Colposcopy
		Hysteroscopy
XII	**Respiratory**	Pulmonary function tests

Source: https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidlines-2012/district-hospital.pdf